CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	WALKER	JAMES	W

1. Office, Agency, or Court

Agency Name   CITY OF CHICO

Division, Board, Department, District, if applicable

Your Position

► If filing fc
Agency: —
1) Chico Redevelopment Agency, Boardmember
2) Chico Industrial Devel. Authority, Boardmember
3) Chico Public Financing Authority, Boardmember
4) Parking Authority, Boardmember
5) Chico Urban Area Joint Powers Financing Auth.Mbr.

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ Multi-County _____

☑ City of __CHICO__

☐ Judge (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2010, through December 31, 2010.   **-or-**

　The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____

☐ **Leaving Office:** Date Left ___/___/___
(Check one)

　○ The period covered is January 1, 2010, through the date of leaving office.

　○ The period covered is ___/___/___, through the date of leaving office.

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: __2__

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached

☑ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California tha

Date Signed __4 / 01 / 2011__
(month, day, year)

Signatu

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

Name

JAMES WALKER

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

MARK GARRISON DO

ADDRESS *(Business Address Acceptable)*

1025 VILLAGE LANE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

HEALTH CARE

YOUR BUSINESS POSITION

PHYSICIAN ASSISTANT

GROSS INCOME RECEIVED

- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☑ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ENLOE HOSPITAL

ADDRESS *(Business Address Acceptable)*

W 5TH AVE - ESPLANADE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

HEALTH CARE

YOUR BUSINESS POSITION

PHYSICIAN ASSISTANT

GROSS INCOME RECEIVED

- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☑ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

- ☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*   NONE

ADDRESS *(Business Address Acceptable)*

_____

BUSINESS ACTIVITY, IF ANY, OF LENDER

_____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

_____

SECURITY FOR LOAN

- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: SEE REVERSE FOR OTHER INCOME

INCOME

GRETCHEN WOODING MD
254 COHASSET RD CHICO CA
HEALTHCARE
INCOME $1000 — 10,000

INCOME

GENE DESAUTELS DO
2170 ESPLANADE
CHICO CA
HEALTH CARE
$500 — $1000